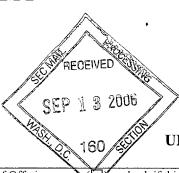
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number 3235-0076

April 30, 2008 Expires: Estimated average burden hours per response 16.00

	06047158
Name of Offering check if this is an amendment and name has changed, and indicate cha	nge.)
Noah Corporation – Series C Common Stock	
Filing Under (Check box(es) that apply):	06 Section 4(6) ULOE
Type of Filing: X New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Noah Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4080 Wooden Shoe Lane, Peoa, Utah 84061	(435) 783-5851
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(If different from Executive Offices)	DDAARAA-
Brief Description of Business	THOUESSED
Physical facilities for both recreation and business purposes.	SEP 18 2003/ THOMSON FINANCIA
Type of Business Organization	11 0 0 11/1C
	her (please specify):
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization:	X Actual Estimated or State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/99)

1 of 11

• Each promoter of the issuer, if the issuer has been organized within the past five years;		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10	0% or more of a class of	equity securities of the issuer;
• Each executive officer and director of corporate issuers and of corporate general and managing p	artners of partnership iss	uers; and
• Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer	X Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Bowser, William J.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
4080 Wooden Shoe Lane, Peoa, Utah 84061		
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Wilde, Cheryl Business or Residence Address (Number and Street, City, State, Zip Code)		
4080 Wooden Shoe Lane, Peoa, Utah 84061		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Bonnie Mac L.L.C.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1309 Moyle Drive, Alpine, Utah 84004		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Rodney K. & Irene J. Okimoto 2000 Revocable Trust		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Two North 2nd Street, Suite 375, San Jose, California 95113	D Division	Communication
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Vincent, William & Lisa		
Business or Residence Address (Number and Street, City, State, Zip Code)		
15808 SW Willow Drive, Sherwood, Oregon 97140 Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or
	Director	Managing Partner
Full Name (Last name first, if individual)		
Hunter, John Paul & Nichole		
Business or Residence Address (Number and Street, City, State, Zip Code)		
3250 Waterwheel Road, Emmett, Idaho 83617 Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or
		Managing Partner
Full Name (Last name first, if individual)		
Baker Family Trust		
Business or Residence Address (Number and Street, City, State, Zip Code)		
205 N. 1200 E., Lindon, Utah 84042	A	
(Use blank sheet, or copy and use additional copies of this sheet 2 of 12	i, as necessary)	

2. Enter the information requested for the following:

• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10	0% or more of a class of	equity securities of the issuer;
• Each executive officer and director of corporate issuers and of corporate general and managing p	artners of partnership iss	uers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
IRA Express, Inc. FBO Michael Chestnut IRA #100281		
Business or Residence Address (Number and Street, City, State, Zip Code)		
P.O. Box 9, Cedar City, Utah 84721		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Veltri, Shane		
Business or Residence Address (Number and Street, City, State, Zip Code)		
9321 South Mountain Laurel Lane, West Jordan, Utah 84088		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Jennings, Bryan		
Business or Residence Address (Number and Street, City, State, Zip Code)		The state of the s
252 South 25 West, Farmington, Utah 84025		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Hansen, Sherri		
Business or Residence Address (Number and Street, City, State, Zip Code)		
P.O. Box 9, Cedar City, Utah 84721		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Wagner, Ken		
Business or Residence Address (Number and Street, City, State, Zip Code)		
55-631 Moana St., Laie, Hawaii 96762		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Michnal, Ken & Deb		
Business or Residence Address (Number and Street, City, State, Zip Code)		
3646 Calico Brook Ct., Las Vegas, Nevada 89147		
3 of 12		

2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

• Each beneficial owner having the power to vote or dispose, or direct the	•		curities of the issuer;
 Each executive officer and director of corporate issuers and of corporate Each general and managing partner of partnership issuers. 	general and managing partne	rs of partnership issuers; and	
Check Box(es) that Apply: Promoter X Beneficial Owner	Executive Officer	☐ Director ☐	General and/or
	Executive Officer		Managing Partner
Full Name (Last name first, if individual)			
Williams, Kelly			
Business or Residence Address (Number and Street, City, State, Zip Code)			
553 E. Multon Hollow Road, Kaysville, Utah 84037 Check Box(es) that Apply: Promoter X Beneficial Owner	Executive Officer	☐ Director ☐	General and/or
	Executive Officer		Managing Partner
Full Name (Last name first, if individual)			
Parkin, Steve			
Business or Residence Address (Number and Street, City, State, Zip Code)			
P.O. Box 526201, Salt Lake City, Utah 84152			
Check Box(es) that Apply: Promoter X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Fitch, Bonnie & Clyde			
Business or Residence Address (Number and Street, City, State, Zip Code)			
6552 Kell Lane, Las Vegas, Nevada 89156			
Check Box(es) that Apply: Promoter X Beneficial Owner	Executive Officer	☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)			
Trumbo, Steve			
Business or Residence Address (Number and Street, City, State, Zip Code)			
1599 North 1550 East, Provo, Utah 84604			
Check Box(es) that Apply: Promoter X Beneficial Owner	Executive Officer	☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)			
Jones, Fay			
Business or Residence Address (Number and Street, City, State, Zip Code)		V	
1105 N. 475 E., Orem, Utah 84097			
Check Box(es) that Apply: Promoter X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			-1
Gerard, Brad & Marilyn Business or Residence Address (Number and Street, City, State, Zip Code)			
750 E. 1600 N., Mapleton, Utah 84664			
Check Box(es) that Apply; Promoter X Beneficial Owner	Executive Officer	☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)			
Sorbonne, Ralph & April			
Business or Residence Address (Number and Street, City, State, Zip Code)			
2456 Michigan Avenue, Salt Lake City, Utah 84108			
(Use blank sheet, or copy and use addi	tional copies of this sheet, as r	necessary)	

4 of 12

2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

	•	•
Each general and managing partner of partnership issuers.		
	er X Director	General and/or Managing Partner
Full Name (Last name first, if individual)	- No. 164 F 578 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Thomas, Bert		
Mane (Last name first, if individual) mas, Bert ses or Residence Address (Number and Street, City, State, Zip Code) O Wooden Shoe Lane, Peoa, Utah 84061 Box(es) that Apply:		
4080 Wooden Shoe Lane, Peoa, Utah 84061		
	er Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Down, David		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1686 Skyline Drive, Orem, Utah 84097		
	er Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Kunz, Kevin		
Business or Residence Address (Number and Street, City, State, Zip Code)		
11569 South 1700 East, Sandy, Utah 84092		
	er Director	General and/or Managing Partner
Full Name (Last name first, if individual)		and the ball of the later
· · · · · · · · · · · · · · · · · · ·		
	er Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:	r 🔲 Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Office	er Director	General and/or Managing Partner
(Use blank sheet, or copy and use additional copies of this	s sheet, as necessary)	
5 of 12		

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

ir.		, i	e di cili	11.0				" В	. INF	ORM	ATIO	N ABC	OUT O	FER	IIN(;			1111	2111		l dile		
1.	Has th	ne issue	er sold	, or do	es the	issuer	intend	l to sel	l, to n	on-acc	redited	d inves	tors in t	his of	fferir	ıg?					•••		Yes X	No
						Answer	also	in App	endix	, Colur	nn 2, i	f filing	under	JLOI	Е									
2.	2. What is the minimum investment that will be accepted from any individual?								\$		00.00													
3.	Does	the offe	ering p	permit j	joint (ownersł	nip of	a sing	le uni	t?		••••••	************	· • • • • • • • • • • • • • • • • • • •			· · · · · · · · ·	•••••					Yes	s No X
4.	simila an ass broke the in	r remu sociated r or dea formati	neration of the second	on for son or a f more that be	solicit igent than roker	tation o of a br five (5) or deal	f purc oker perso	hasers or dea ons to l	in co ler reg	nnectio gisterec	n with I with	sales the SE	id or gi of secur EC and/ rsons of	ities or wi	in th ith a	e offeri state o	ng. I r stat	f a pers es, list	on to the n	be liste ame of	d is the			
Full Na	me (La	st name	e first,	if indi	vidua	ıl)																		
Busines	s or Re	esidence	e Add	ress (N	umbe	er and S	treet,	City, S	State, I	Zip Co	de)						,							
Name o	f Asso	ciated I	Broker	or De	aler																			
States i	n Whic	h Perso	n List	ed Has	Solic	cited or	Inten	ds to S	olicit	Purcha	sers													
(Check		ates" o	r chec		idual					• • • • • • • • • • • • • • • • • • • •	•••••												All	States
AL]		[AK]		[AZ]		[AR]		[CA]		[CO]		[CT]	☐ ()	DE]		[DC]		[FL]		[GA]		[HI]		[ID]
[IL]		[IN]		[IA]		[KS]		[KY]		[LA]		[ME]		MD]		[MA]		[MI]		[MN]		[MS]		[MO]
☐ [MT] [[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]		NC]		[ND]		[OH]		[OK]		[OR]		[PA]
[RI]		[SC]		[SD]		[TN]		[TX]		[UT]		[VT]		/A]		[WA]		[WV]		[WI]		[WY]		[PR]
Full Na	me (La	st name	e first,	if indi	vidua	ıl)				·			 ,			······································						·		
Busines	s or Re	esidence	e Add	ress (N	umbe	er and S	treet,	City, S	State,	Zip Co	de)											 -		
Name o	of Asso	ciated F	Broker	or De	aler			•				_												
States i																								~ :
(Check				k indiv [AZ]	idual	,		[CA]		[CO]		[CT]				[DC]		[FL]		[GA]		[HI]	All	States [ID]
			_		_	[AR]					_				_		_		_		_		_	
[IL]	, –	[IN]		[IA]		[KS]		[KY]		[LA]		[ME]				[MA]		[MI]		[MN]		[MS]		[MO]
[MT	_	[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]		NC]		[ND]		[OH]		[OK]		[OR]		[PA]
[RI]		[SC]		[SD]		[TN]		[TX]		[UT]		[VT]		VA]		[WA]		[WV]		[WI]		[WY]		[PR]
Full Na	me (La	st nam	e first,	if indi	vidua	ıl)																		
Busines	ss or Re	esidenc	e Add	ress (N	umbe	er and S	treet,	City, S	State,	Zip Co	de)						·							
Name o	of Asso	ciated I	Broke	or De	aler																			
States i	n Whic	h Perso	on List	ted Has	Soli	cited or	Inten	ds to S	Solicit	Purcha	isers				······································		***							
(Check			r chec		idual _	•	·		······		······								_					States
[AL		[AK]		-		[AR]		[CA]		[CO]		[CT]		DE]		[DC]		[FL]		[GA]		[HI]		[ID]
[IL]		[IN]		[IA]		[KS]		[KY]		[LA]		[ME]		MD]		[MA]		[MI]		[MN]		[MS]		[MO]
☐ [MI	ı 🗆	[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]		NC]		[ND]		[HO]		[OK]		[OR]		[PA]
[RI]		[SC]		[SD]		[TN]		[TX]		[UT]		[VT]		VA]		[WA]		[WV]		[WI]		[WY]		[PR]

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security..... Offering Price Already Sold Debt..... Equity \$ 350,000.00 \$ 350,000.00 X Common Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify ____)..... Total \$ 350,000.00 \$ 350,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2.. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 4 Accredited Investors. \$ 155,000.00 Non-Accredited Investors 1 \$ 195,000.00 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Type of Offering Sold Rule 505 Regulation A Rule 504..... Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... П \$ 4,000.00 Legal Fees \$ 2,600.00 Accounting Fees. Engineering Fees. Sales Commissions (specify finders' fees separately)..... Х \$ 15,000.00 Other Expenses (identify) Marketing, Administrative. Total Х \$ 21,600.00

	C. OFFERING PF	ICE, NUMBER OF INVESTORS, EXPENSES.	AND I	USE O	F PROC	EEDS	iri.	0.05	and the part of the
5.	Question 1 and total expenses furnished in rethe "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gused for each of the purposes shown. If the	gate offering price given in response to Part C - sponse to Part C - Question 4.a. This difference is ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an e estimate. The total of the payments listed must	••					\$	328,400.00
	equal the adjusted gross proceeds to the iss	uer set forth in response to Part C – Question 4.b							
	above.			O Dir	yment to officers, ectors, & offiliates				lyments to Others
	Salaries and fees			\$				\$	
	Purchase of real estate			\$_			_ 🗆	\$	
	Purchase, rental or leasing and installation of	machinery and equipment		\$_			_ 🗆	\$	
	Construction or leasing of plant buildings and	facilities		\$			_ 🗆	\$	
		e value of securities involved in this offering that urities of another issuer pursuant to a merger)		\$_				\$	
	Repayment of indebtedness			\$_				\$	
	Working capital			\$			_ X	\$	328,400.00
	Other (specify):								
				\$_				\$	
	Column Totals			\$_				\$	
	Total Payments Listed (column totals added)				X	\$	328,40	0.00)
		D. FEDERAL SIGNATURE							
co		d by the undersigned duly authorized person. If this to the U.S. Securities and Exchange Commission, and to paragraph (b)(2) of Rule 502.							
Iss	uer (Print or Type)	Signature	Da	ate					
N-	oah Corporation	M.	Se	ptemb	er 8, 2006	•			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)							
W	illiam J. Bowser	President							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	The Art of the Control of the Contro	E. STATE SIGNATURE	Hill House		
1.	Is any party described in 17 CFR 230.262 presently subj	ect to any of the disqualification provisions of such rule?	Yes	No X	
	See Append	lix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to furnish to a (17 CFR 239.500) at such times as required by state law.	any state administrator of any state in which this notice is filed, a notice on l	Form D		
3.	The undersigned issuer hereby undertakes to furnish to t offerees.	he state administrators, upon written request, information furnished by the i	ssuer to		
4.		liar with the conditions that must be satisfied to be entitled to the Uniform I otice is filed and understands that the issuer claiming the availability of this been satisfied.			
	e issuer has read this notification and knows the contents to horized person.	o be true and has duly caused this notice to be signed on its behalf by the un	dersigned duly	i	
Issu	uer (Print or Type)	Signature Da	Date		
No	oah Corporation	Se Se	ptember 8, 200	6	
Na	me (Print or Type)	Title (Print or Type)			
W	illiam J. Bowser	President			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			5 Disqualification					
	To non-a	I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA											
CO	Х		Series C Common Stock - \$350,000.00	1	\$30,000.00	0	0		X		
СТ											
DE											
DC											
FL											
GA							·				
HI											
<u>ID</u>											
IL											
IN											
IA	ļ							 			
KS											
KY											
LA											
ME											
MD											
MA											
Ml											
MN											
MS								-			
МО											

APPENDIX

1		2	3 .			4			5		
!	To non-a investor	I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	ggregate ing price d in state C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)				Under St (if yes explan waiver	Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE							<u>-</u>				
NV	Х		Series C Common Stock - \$350,000.00	1	\$25,000.00	1	\$195,000.00		X		
NH											
NJ											
NM											
NY											
NC											
ND											
ОН											
ОК											
OR											
PA							***************************************				
RI											
SC											
SD											
TN											
TX			S		1						
UT	X		Series C Common Stock - \$350,000.00	1	\$75,000.00	0	0		Х		
VT								ļ			
VA											
WA											
WV											
WI				· · · · · · · · · · · · · · · · · · ·							
WY								ļ			
PR		<u></u>									

<u>ADDENDUM</u>

This Series C Common Offering had one (1) foreign investor:

Country:
Accredited:

Australia

Yes

Amount:

\$25,000.00